

New Jersey Farm Link Program
State Agriculture Development Committee
PO Box 330
Trenton, NJ 08625

ID Number: _____



Farm Seeker Questionnaire

Please answer each of the following questions completely. If you have any questions, please call 609-984-2504.

General Information

NAME _____

ADDRESS _____

TOWN _____ STATE _____ ZIP _____

COUNTY _____

PHONE NUMBER(S) _____ FAX _____

Are these telephone numbers listed or unlisted? _____

EMAIL ADDRESS _____

Experience

ARE YOU CURRENTLY FARMING? YES NO

DESCRIBE YOUR FARMING BACKGROUND AND EXPERIENCE (TYPE OF FARMS WORKED ON, TIME WORKED, SKILLS, EDUCATION, ETC.)

DO YOU HAVE A BUSINESS PLAN FOR YOUR FARM BUSINESS? YES NO

Farm Transfer Goals

WHAT TYPES OF ARRANGEMENTS WOULD YOU CONSIDER? CIRCLE ALL THAT APPLY.

| | | | |
|--|---|----------------------------|----------------------------|
| Lease: | SHORT TERM LEASE (1-2 years) | LONG TERM LEASE (3+ years) | LEASE WITH OPTION TO BUY |
| Sale: | STANDARD SALE | | |
| Farming together: (experience) | PARTNERSHIP | FARM MANAGER POSITION | or APPRENTICESHIP (to gain |
| | EMPLOYMENT FOR A PERIOD OF TIME, THEN TRANSFER TO OWNERSHIP | | |

HOW LONG DO YOU WANT OR EXPECT THIS TRANSFER TO TAKE?

ARE YOU INTERESTED IN FARMING FULL OR PART TIME?

FULL TIME

PART TIME

DO YOU REQUIRE HOUSING ON THE FARM?

YES

NO

WHAT TYPE OF FARMING OPERATION ARE YOU INTERESTED IN? CIRCLE ALL THAT APPLY,

FRUITS AND VEGETABLES

NURSERY/GREENHOUSE

FIELD CROPS

LIVESTOCK

EQUINE

TREE FRUITS

DAIRY

OTHER (Please explain):

HOW LARGE WOULD YOUR FARMING OPERATION BE (NUMBER OF ACRES)?

IN WHAT NEW JERSEY COUNTIES ARE YOU INTERESTED IN FARMING?

ARE YOU INTERESTED IN FARMING A PERMANENTLY PRESERVED FARM?

YES

NO

DESCRIBE ANY BUILDINGS OR FACILITIES YOU WOULD NEED FOR YOUR FARM BUSINESS:

Farm Listing Description

PLEASE PROVIDE A FARM LISTING DESCRIPTION (~ 100 WORDS) FOR OUR WEBSITE AND NEWSLETTER THAT DESCRIBES THE FARMING OPPORTUNITY YOU DESIRE.

References

PLEASE PROVIDE THREE REFERENCES.

NAME _____ PHONE NUMBER _____

NAME _____ PHONE NUMBER _____

NAME _____ PHONE NUMBER _____

PLEASE BE ADVISED THAT ALL INFORMATION SUPPLIED BY YOU WILL ONLY BE USED FOR THE FARM LINK PROGRAM.

I CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH FOR THE PURPOSE OF PARTICIPATING IN THE NEW JERSEY FARM LINK PROGRAM.

I GIVE THE NEW JERSEY FARM LINK PROGRAM PERMISSION TO RELEASE MY NAME, ADDRESS, PHONE NUMBER AND ANY OTHER INFORMATION PROVIDED IN THIS QUESTIONNAIRE TO PERSONS WHO ARE INTERESTED IN DISCUSSING A POSSIBLE BUSINESS ARRANGEMENT WITH ME.

SIGNATURE OF FARM SEEKER _____ DATE _____

Please return the completed form to:

State Agriculture Development Committee
PO Box 330
Trenton, NJ 08625
Attn: NJ Farm Link

Or via fax: (609) 633-2004
Attn: NJ Farm Link

Or via email: david.kimmel@ag.state.nj.us

Questions?

Contact the Farm Link Program at (609) 984-2504. Also visit the website at www.state.nj.us/agriculture/sadc/farmlink.htm.